



# MEDICAL MINUTE

Vol. 2, No. 10

Serving the members of Tripler Army Medical Center and Pacific Regional Medical Command

October 2001



Staff Sgt. Michelle J. Rowan

## TEAMWORK

**A group of Tripler Army Medical Center soldiers and a Honolulu City and County paramedic work together to transport a patient to an ambulance during a scheduled mass casualty exercise at Tripler Oct. 12. For more on the exercise, check out the November issue of the *Medical Minute*.**

## Campaign ends Nov. 2

TAMC Public Affairs Office

The 2001 Combined Federal Campaign (CFC) fund drive for the Hawaii-Pacific area will continue through Nov. 2.

The annual campaign, which kicked off Sept. 24, gives federal employees an opportunity to donate money to one or more of 1,400 local, national and international charities. This year's theme is

**"Giving Does Make a Difference."**

Employees may designate one or more charities to send their donation to by filling out a pledge card. Donations can be taken by either lump sum or payroll deductions. Deductions begin in January 2002.

For more information, visit [www.cfc-hawaii.org](http://www.cfc-hawaii.org) or call your unit/department CFC representative.

## New moms can give gift of life second time

**Staff Sgt. Michelle J. Rowan**  
Editor

Mothers-to-be who are set to give birth at Tripler Army Medical Center now have the choice to possibly give the gift of life a second time by donating their babies' umbilical cord blood to the Hawaii Cord Blood Bank (HCBB).

Tripler, which has the second highest delivery rate in the state, joined other medical facilities in Hawaii earlier this year when it began offering the opportunity to expectant mothers.

Cord blood, which is collected from the umbilical cord and placenta after the baby is delivered, is rich in stem cells that can be used to replace the blood cells of someone who needs a bone marrow transplant due to illnesses such as cancer, leukemia or other blood-related disorders.

"Stem cells are what bone marrow is really high in so you can use umbilical cord blood in place of using bone marrow," said Lt. Col. Peter Look, nursing director of Tripler's Obstetrics and Gynecology (OB/GYN) Product Line. He added that umbilical cord blood donations also have several advantages over bone marrow donations.

Unlike bone marrow, cord blood doesn't have to be matched quite as closely as bone marrow, and the collection procedure is much simpler, Look said.

"Many people back out of donating bone marrow because they are unsure of the collection process," Look said. "With the cord blood donation, the collection occurs after delivery right before the umbilical cord is discarded. It's doesn't cause any discomfort to the mother or baby."

Sgt. TaShauna Ruiz, a licensed practical nurse on Tripler's General and Plastic Surgery Ward, became Tripler's first participant in the cord blood donor program when she gave birth to her daughter, Natalie, July 2.

"I really didn't have to think twice about it," said Ruiz, who used to work on a labor and delivery ward. "All they're going to do is throw it (the umbilical cord blood) away anyway."

Ruiz, who lost an uncle to leukemia, said the donation wasn't a hassle and hopes more people consider donating their child's cord blood.

"You never know; that blood might help save someone's life some day," she said.

Expectant mothers are now informed about the opportunity to donate during a visit to Tripler's OB/GYN Clinic. A pamphlet is

See **DONATION**, page 8

# FEEDBACK

A place to voice your opinion

What do you like best about working at Tripler?



**Mary Talon, Blood Donor Center** — "I have worked for the government for 26 years, with about half that time at Tripler. There are good learning opportunities here, and you feel like you're part of a family."

**Staff Sgt. Rahman N. Ruston, Department of Surgery, Central Material Services** — "What I like best about working at Tripler is that I met my beautiful wife here."



**SPC. Cynthia Richmond, Logistics Division** — "I like interacting with a lot of people in different MOSs (Military Occupational Specialties). Overall, it's a good assignment."

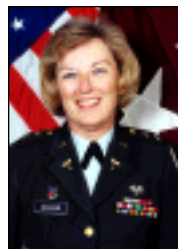
**John W. Mason, Nutrition Care Division, Medical Nutrition Therapy** — "I like the always-changing atmosphere. I have been here since November 1974, and I have seen a lot of changes."



**Pfc. Taariq Patel, Department of Surgery, Central Material Services** — "I like how close the hospital is to the barracks."

## COMMANDER'S CORNER

We recently began a new concept of operation in order to deal with the increased protection requirements associated with the terrorist events that occurred on Sept. 11.



**Maj. Gen. Adams**

With the increase in security requirements, the problem that develops for both staff and patients is access to the medical center. We have too many cars in a compressed time period that exceeds our capacity for traffic and parking. With lots of effort during the past three weeks we fixed the parking problem. Patients had the closest access with the staff parking further away. I know that was not an ideal situation but you all made it work. Thank you.

Before I tell you about our new ways of managing our duty day, I want to compliment the force protection force that has been with us. Our soldier medics have not been pulled from our patient care mission. If they had, we would all be working harder and longer hours than what we have been experiencing. The 25th Infantry Division (Light) has been accomplishing all our security requirements. Go Wolf Hounds! Both Lieutenant General Smith and Major General Dubik have been personally involved in supporting the medical center in accomplishing our mission.

All of us like to establish routines. We choose our routines on what works best in our individual lives. Now I need you to think in terms of what will work for Tripler as an organization. That will mean change for individuals as well as change for the organization. We cannot meet the current security requirements without regulating traffic flow. To do this we need to make better use of the time available each day from 6 a.m. to 6 p.m. Our problem is too many people — patients and staff — driving onto Tripler between 7 a.m. and 3 p.m.

We need to expand the workday. I don't want anyone to work longer hours or spend more time commuting. To avoid that situation we need more staff to begin work at 6 a.m. and not wait until 7:30 a.m. The terms "essential or non-essential staff" are not relevant to this concept of operation. To run a medical center each and every person is essential. So what we are focusing on is to have those individuals who provide hospital support functions report 6 a.m. or earlier. The first line supervisor will determine what works best for their section.

Since traffic congestion is the problem we are trying to solve, if you do not drive to work you can work with your supervisor to adjust your duty hours. If you use the AMR or Fort Shafter shuttle, that will give you flexibility with your hours. Using *The Bus* will also allow you to access Tripler at the peak times. I am also willing on a case-by-case basis to consider flextime as long as the duty day starts before 6 a.m. That decision has to be first approved by your first line supervisors and then forwarded to the headquarters for my approval. Car-pooling is always appreciated because that will decrease the number of cars on the hill.

I sincerely regret any inconvenience created by the changes we are implementing. I do not take for granted the dedication, commitment, and hard work done by the Tripler ohana. I want to work with you as individuals, but I need to make the tough decision to address the common good for our patients and our medical center mission. As I have said previously, if I am creating a bigger problem than the one I am trying to solve, let me know. Together we will confront the terrorist threat as well as maintaining the excellence of our medical center both as a provider of patient care services in addition to being a good — make that great — place to work.

— **Maj. Gen. Nancy R. Adams**  
Commanding General,  
Pacific Regional Medical Command

## Medical Minute

<http://www.tamc.amedd.army.mil>

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## COMMENTARY

# Tragedy caused damage beyond 'ground-zero'

Lt. Col. (Dr.) Charles W. Callahan

Debora S. Chan

TAMC Department of Pediatrics

A 10-year-old patient with asthma recently taught us that we are only beginning to recognize the impact of Sept. 11.

He is a young man with moderately severe asthma that is well controlled. He was seen regularly as part of a telemedicine asthma research project.

He had a history of increasing episodes of "chest tightness" particularly at school. He and his mother both attributed this to asthma, although his daily peak-flow measurements had not changed from his baseline, and he had no cough and no increase in symptoms with exercise. He was started on another medication, according to his asthma action plan on Monday, Sept. 17, after about a week of escalating symptoms. The chest tightness persisted for four more days, then abated on the weekend and was discontinued by his mother.

On Monday, Sept. 24, he complained of "chest tightness" as he was walking to school with his mother. He received two puffs from an inhaler from his mother. He was seen by the school nurse three or four times for additional inhaler doses throughout the day.

He was seen in pulmonology clinic on Wednesday of that week. He seemed distracted and looked tired, but had no other obvious symptoms and his physical examination was completely normal. His peak flow was at baseline. During the examination, he complained of "chest tightness" although he had no physical findings. After the examination, we asked some questions about his upcoming move to the mainland.

"I'm not flying on a plane! I'm afraid to fly after what happened," he said.

He had mentioned this before, and we talked about it for several minutes. Although his mother had tried not to expose him to the images repeatedly shown on television, he had seen them at school. In fact, he volunteered, "I know that they know about this around the world. I saw a Japanese newscast where the words were in Japanese and they were showing pictures."

We began to ask about school and why he seemed to be having problems with his tight chest during school. He took a deep breath, stared off and said slowly,

"Osama bin Laden said that he would target places where there are Christians and Jews. My school has Christians and Jews." We talked about his school for awhile, but he was not comforted despite our very best efforts to assure him that his school would not be a likely target for terrorists.

We pointed out that with the war, the security around all the schools was much better than it had ever been. He crossed his arms and said, "There shouldn't have to be a war." That



Staff Sgt John Valceanu

**A family member of a victim who was killed during the Sept. 11 terrorist attack on the Pentagon holds yellow roses and an American flag in remembrance of his loved one.**

was when it occurred to us to ask about the thing that this military dependent child might really be worried about. I looked at him, caught his eye and quietly asked, "Are you afraid that your father will have to go and fight this war?"

He nodded his head vigorously, then broke down in tears and ran to his mother's lap where he wept for several minutes. We cried together as I assured him that even grown-ups get scared when things like this happen. We are all scared, and confused and angry. Just like him.

Eventually, he quieted down, we asked him to draw us a picture of the things he was worried about and send it on the computer. On the ride home, his mother told us later that he took a deep breath in and sighed. When she asked why, he said, "I feel much better now."

Over the next days, his chest tightness resolved completely.

We are all caught between wanting to go on with our lives after the greatest tragedy most of us can recall, and realizing that the lives we go on with can never be the same. We do not want to surrender to the anxiety we feel about this event and the perpetrators, but at the same time we must process what we have experienced.

For children, the processing is more difficult. And perhaps, our history taking must again be modified, at least for the immediate future, to ask our patients, "How are you doing with what happened Sept. 11?"

They will know what we mean.

And they may be looking for a reason to talk about it.

**Editor's note:** *The child's name is not used to protect the privacy of the patient and his family. His mother agreed with the importance of telling this story.*

## "Lights, Camera, JCAHO ..."

# 60 days and counting until survey

TAMC Public Affairs Office

While December seems months away, the days are quickly flying by, and before you know it the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) surveyors will be knocking on Tripler Army Medical Center's door.

Take a few minutes and test your knowledge on JCAHO issues.

### What is the hospital's performance improvement plan?

The performance improvement plan TAMC Reg 40-4 is a document that states how Tripler plans for quality, measures key aspects of service on an ongoing basis, and prioritizes special areas in which to make improvements.

### Who is Tripler's Safety Manager?

Stephen Switaj is Tripler's Safety & Occupational Health Manager. He can be reached at 433-6078.

## CSM's HANDSHAKE OF CONCERN



October

## "One Last Look"

**REMINDER: The JCAHO  
Inspection Team will be  
surveying Tripler  
Dec. 10-14.**

### What is a Sentinel Event?

The JCAHO defines a Sentinel Event as "an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof."

### How can a patient complain?

A patient can complain verbally or in writing to an employee, or contact the Patient Representative's Office directly at 433-6336 (TAMC) or 433-8504 (SBHC).

### What should you do if there is a fire?

Remain calm, do not panic, act quickly and never shout "FIRE". Remember R.A.C.E. (it's on the back of your ID badge)

### What is PIC?

The Performance Improvement Council (PIC) is TAMC's decision making body and is composed of senior leadership at the hospital. The performance improvement council is primarily responsible for planning strategy, developing, monitoring, deploying, educating, and promoting quality performance improvement processes.

### When do you turn off your medical gas?

The Performance Improvement Council (PIC) is TAMC's decision making body and is composed of senior leadership at the hospital. The performance improvement council is primarily responsible for planning strategy, developing, monitoring, deploying, educating, and promoting quality performance improvement processes.

### What is a "CODE YELLOW"?

Infant Abduction

### What does MSDS mean?

Material Safety Data Sheet. MSDS describes harmful substances & chemicals. They detail proper handling & treatment in case of spills or injury.

### What is the goal of Pain Management?

Pain Management is to relieve physical & psychological symptoms associated with pain, while maintaining or improving the patient's level of function.

### Who recently broke the MLB record for most home runs in a season?

Just wanted to see if you were paying attention ... Let's get back to the important stuff. (It was Barry Bonds.)

### What procedures should you follow when you discover defective equipment?

Contact the Healthcare Equipment Management Branch at 433-5161.

### What are the elements included in the Environment of Care (EOC)?

Safety, Fire Safety, Emergency Preparedness, Hazardous Material, Medical Equipment Safety, Utilities Management, and Security.

### What would you do if the emergency generators failed when the power was down?

Keep charged flashlights on hand. Be familiar with emergency plans in your area and be aware of special needs of patients. Keep calm. Emergency response personnel are on-site 24 hours per day. Call 433-4321 or 433-6661, if this problem is limited to an isolated area.

### What do you do in a large disaster?

Report disaster to 433-7117. Report to your supervisor or pre-assigned area as determined by your Emergency Preparedness Plan. Remain on duty until relieved. Keep phone lines clear. Reassure patients and visitors and wait for additional instructions.

### What should you do following a needlestick or mucous membrane exposure?

WIG — Wash the exposed area. Inform your supervisor and go to the Emergency Room.

### What is PPE?

PPE stands for Personal Protective Equipment. Examples of PPE include gloves, gowns, masks, eye and face protection.

# Use or lose leave extended into next fiscal year

## DoD directs services to allow special leave accrual

**Joe Burlas**

Army News Service

Soldiers may carry up to 80 days worth of leave into the new fiscal year because of the increased military tempo created by the Sept. 11 terrorist attacks on the Pentagon and New York World Trade Center, according to Department of Defense officials.

Normally, servicemembers may only carry over 60 days leave from year to year. Unless special circumstances exist, leave in excess of 60 days is usually lost at the end of the fiscal year.

The Department of Defense directed all services to allow the special leave accrual of up to 80 days in a memorandum dated Sept. 18. The Total Army

Personnel Command issued special leave accrual instructions for soldiers Sept. 27.

"DoD is doing this because it's just the right thing to do," said Lt. Col. Nobel Lugo, a finance action officer with the Army's Office of the Deputy Chief of Staff for Personnel. "A lot of military leaves were canceled immediately following the attacks due to a significant need to increase force protection at all Army installations. This special leave accrual authority will allow those soldiers to take up to an additional 20 days excess leave they've earned in FY 2001 and use it by the end of FY 2004."

The reason why an additional 20 days was selected, rather than another number, is because 20 days is all the leave that someone could have scheduled between the day of the attacks and the end of FY 2001 — Sept. 11-30, he explained.

Earned military leave accrues at the

rate of 2.5 days per month of active federal service. Reservists only accrue military leave when called to active-duty for periods of 30 days or more.

Civilian leave is based on the calendar year, instead of the fiscal year that ends Sept. 30.

Neither the Office of Personnel Management nor the Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs has implemented a blanket authorization for Department of the Army civilians to carry over any excess annual leave into 2002 above the normal caps. However, existing OPM guidance on restoration of annual leave provides some opportunities to do so based upon urgent needs of public business or sickness. That guidance can be found on the OPM website at <http://www.opm.gov/oca/leave/html/restore.htm>.



Photos by Staff Sgt. Michelle J. Rowan



## CELEBRATING HERITAGE

During a National Hispanic Heritage Month celebration Sept. 27 in Tripler's Dining Facility, Ruth Espejo (left), a classical singer from Ecuador, shares some selections with the lunch crowd. Above, Staff Sgt. Tony Harris (far right), Capt. Mark Reinhardt (second from right) and other soldiers help serve food during the lunch meal. The musical group *Salsaloha* also performed during the celebration.

National Hispanic Heritage Month is celebrated Sept. 15 through Oct. 15.

# Measures may prevent dengue infection

TAMC Public Affairs Office

Dengue fever has been in the local news quite a bit lately since cases have been confirmed in Hawaii. Tripler Army Medical Center's Department of Preventive Medicine staff has put together a comprehensive fact sheet that explains what dengue fever is and how to prevent it from affecting you and your families.

A portion of the fact sheet is provided below. For a complete fact sheet, go on-line to [www.tamc.amedd.army.mil/headlines/dengue129.html](http://www.tamc.amedd.army.mil/headlines/dengue129.html) or call 433-5785.

People get dengue fever from the bite of a mosquito infected with a dengue virus, said Robert J. Woodrow, PhD., Tripler Army Medical Center's entomologist. (Entomology is a branch of zoology that deals with insects.)

Within two weeks of exposure, the virus can produce a sudden onset of high fever, severe headache, muscle pain, and bone pain as well as many other symptoms, he said. No vaccine exists for dengue fever and supportive therapies are the only treatment for symptoms and possible complications of the infection.

Following are preventive measures service members and their families may follow to prevent dengue fever infection, according to Col. (Dr.) Glenn Wasserman, chief of Tripler Army Medical Center's Department of Preventive Medicine:

- \* Avoid going outside when mosquitoes are most active, i.e., during dawn and dusk hours of the day or cover-up as much as possible.

- \* Use insect repellents on exposed skin. The most effective mosquito repellents available on the market are those containing DEET at a concentration of at least 20 percent and not exceeding 50 percent. DEET should not be used on infants; there is a product called Skeedaddle, which has a lower concentration of DEET and can be used on young children.

- \* Control mosquitoes by eliminating their breeding sources. The Asian tiger mosquito breeds in temporary water containers, such as tires, bottles and other items of trash as well as in bromeliads and other water-containing plants.

- \* Adult mosquitoes can be partially controlled using insecticide fogs that penetrate their hiding places.

Preventive Medicine teams will be doing education and risk assessment, Woodrow said. In addition, servicemember education and personal protective measures are of utmost importance, Wasserman said, especially during training in field situations.

Schofield Barracks Health Clinics Commander Col. (Dr.) David F. Crudo has established hotlines for people with questions. For the Schofield Barracks Red Team, call 433-8130, and for the Blue Team, call 433-8155.

The following are some commonly asked questions about dengue fever.

## Q. What is dengue fever?

A. Dengue fever is also known as break-bone fever, which is

a viral illness of humans often characterized by headache, severe muscle and joint pain. Globally, there are an estimated 50 to 100 million annual cases of dengue fever (DF) and several hundred thousand cases of a more severe form of the disease called dengue hemorrhagic fever (DHF).

## Q. What causes dengue fever?

A. Dengue fever is caused by a virus called dengue virus of which there are four strains called, respectively, dengue viruses 1-4.

## Q. What are the symptoms of dengue fever?

A. Within 2 weeks of exposure, the virus can produce a sudden onset of high fever, severe headache, muscle pain, and bone pain as well as many other symptoms.

## Q. Are there any long-term problems associated with an infection of dengue virus?

A. No.

## Q. What is the fatality rate associated with dengue fever?

A. Dengue fever is not typically fatal, but there is an unusual complication that occurs in areas with established dengue, called dengue hemorrhagic fever (DHF), which has a fatality rate of about 5% in young children.

## Q. What is DHF?

A. DHF occurs in areas of the world where multiple strains of dengue are established in the human population. An infection of one strain of dengue virus predisposes a person to DHF if they are infected with different dengue virus strain in the future. For example, if five years ago you were infected with dengue 1 virus and then this year you became infected with dengue 2 virus, you would have a very good chance of getting the more severe DHF. DHF is characterized by hemorrhagic manifestations which typically include accumulations of blood in various organs, blistered skin, bloody urine, and bloody vomit, rarely leading to severe liver damage and death.

## Q. Who is at greatest risk from dengue fever?

A. The only people at risk from dengue fever are those who have weakened immune systems. DHF on the other hand can pose a significant hazard to children as well as to a lesser extent in adults.

## Q. Is there a treatment for dengue fever?

A. There is no specific treatment for dengue virus infection, only supportive therapies for the symptoms and possible complications of the infection.

## Q. Is there a vaccine for dengue virus?

A. No.

## Q. How do people get dengue fever?

A. By the bite of a mosquito (*Aedes* spp.) that is infected with a dengue virus.

## Q. How is dengue virus transmitted?

A. A mosquito first bites a person who is carrying the dengue virus in their blood. The virus is taken into the mosquito's body where it reproduces and infects the mosquito. When the infected mosquito then bites another person, the virus can be transmitted to that person.





## National Breast Cancer Awareness Month

## Group support aids cancer survivors' recovery

**Suzan Holl**

TAMC Public Affairs Office

In October, during National Breast Cancer Awareness Month, the ladies — and even a few men — of Tripler's Breast Cancer Survivor's Group, are out in full force. They are armed with more than just pink ribbons. They set up camp in one of the hospital's main lobby areas with displays, posters, bookmarkers, brochures and charts. Their mission: to increase breast cancer awareness among as many people as possible.

"This is not a group of sob sisters," said group member and two-year veteran Loraine Detour. Naturally, tears are shed when a member loses their battle with cancer, but the loss also fuels the group's determination to spread the word, "early detection is the best protection."

"Our focus is to raise breast cancer awareness and education especially among younger women, who don't think they are at risk," said Detour, who added that the disease tends to be more aggressive in younger women than those who are middle aged.

For example, member Karen Quitter was only 34 years old when she found out she had breast cancer. "I was in shock, my life changed instantly," she said. "I never considered myself a high-risk candidate for breast cancer. I had none of the risk factors." Quitter said she was a very active, athletic person and there is no history of breast cancer in her family.

However, Quitter underwent a double mastectomy within a month of being diagnosed. An oncology nurse arranged for her to meet with some members from the group and the friendship and support she received from them helped her through the difficult period. "I met women my age who were going through it just like me," Quitter said.

Talking to others who have had the same experience is like being with another family who understands what it's like to have breast cancer added Detour. "There is always someone who can relate to your own experience," she said. "I can't ever imagine not having

these gals as friends."

Invited guests occasionally speak to the group on issues relating to breast cancer and women's health. The most recent guest was Dr. Aileen Denny of Honolulu, a medical oncologist specializing in breast cancer. Dr. Denny incorporates conventional medical practices with alternative methods. She also includes what is called, complimentary therapy which looks at the connection between the mind, body and spirit.

Charlene Kim, a representative from AstraZeneca Pharmaceuticals, was also a recent guest. Kim provided breast cancer awareness materials for the group to share with others during Breast Cancer Awareness Month.

As with previous years, Tripler's Breast Cancer Survivors Group will be on the march again promoting National Breast Cancer Awareness Month. Every Tuesday and Wednesday in October from the 8th through the 31, the group will be in the mountainside lobby with pink ribbons plus educational information on breast cancer.

The Breast Cancer Survivors Group meets the first and third Thursday of every month at 9 a.m., in the Radiology Services conference room, first floor, D Wing. The informal meetings are open to any individual who is a breast cancer survivor or has been recently diagnosed. For more information, please call Tracy Rasmussen at 433-3449.



Suzan Holl

**Dr. Aileen Denny performs an interpretive dance during a Tripler Breast Cancer Awareness Group meeting Oct. 4.**

## DID YOU KNOW ...

- \* ... That it is estimated that one in eight women in the U.S. will develop breast cancer during her lifetime?
- \* ... About 80 percent of women who develop breast cancer have no family history of the disease.
- \* ... Breast cancer is second only to lung cancer as the leading cause of cancer death in women.
- \* ... Breast cancer is the leading cause of cancer death in African-American women.
- \* ... Risk increases with age; 77 percent of all diagnosed breast cancer

occurs in women age 50 and older.

\* ... Women whose cancer is detected and treated in its earliest stages have a better than 90 percent chance of long-term survival.

\* ... Although certain factors put women at an increased risk, about 75 percent of women diagnosed with the disease have none of the known risk factors, except being female and getting older.

For more facts or information, call the National Cancer Institute at (800) 4-CANCER or visit [www.nci.nih.gov](http://www.nci.nih.gov).

# Clinic celebrates Physical Therapy Month

1st Lt. Carrie Schneider

TAMC Physical Therapy Clinic

October is National Physical Therapy Month.

The physical therapy profession dates back to World War I, when individuals known as "reconstruction aides" were trained to rehabilitate wounded veterans. The Army Medical Department recognized the need for a formalized physical therapy course of instruction during the early 1920s. Such a course began in the fall of 1922 at Walter Reed General Hospital. The course, only four months long at that time, was comprised of civilian students that worked in military hospitals after graduation. In 1942, therapists were granted relative military rank and graduates could apply for commissions upon completion of the program.

Shortly after World War II, the physical therapists on active duty were included in the newly established Women's Medical Specialist Corps, and the course work was moved to its current location at Fort Sam Houston, Texas. Male therapists were accepted into the Corps in 1955, and the name of the Corps was officially changed to the Army Medical Specialist Corps. In the 1970s, after the Vietnam conflict, the Army had too few orthopedic surgeons to manage huge troop populations with neuromusculoskeletal problems. Physical therapists were identified as "physician extenders," and credentialed to evaluate and treat neuromusculoskeletal patients without physician referral.

Today's physical therapists now practice in a wide variety of settings, with patients from all age groups. They are the experts in the examination and treatment of musculoskeletal and neuromuscular problems that affect peoples' abilities to move the way they want and function as well as they want in their daily lives. Additionally, physical therapists participate in research, education, health promotion and injury prevention.

The Army sponsors several training programs for physical therapists and technicians. The U.S. Army-Baylor University Graduate Program in Physical Therapy, located at Fort Sam Houston, provides entry-level education for Army, Air Force, Navy and Public Health Service physical therapists. This program consists of 18 months of didactic and clinical education, and recently received the approval to offer a Doctorate of Physical Therapy Degree (DPT). Also located at Fort Sam Houston is the 91B-N9 program, which trains physical therapy technicians for all services. The Army also sponsors two Doctorate of Science in Physical Therapy programs (DScPT), either through the Orthopedic Residency Program at Fort Sam Houston, or the Sports Medicine Residency Program at West Point.

Currently, there are six physical therapists and six physical therapy technicians on staff at Tripler. Together, they provide both outpatient and inpatient care to active duty service members of all branches of service, retirees and family members. The physical therapy staff treats individuals for a variety of reasons. Common reasons include joint sprains and muscle strains, arthritis, stroke rehabilitation, low back and neck pain, problems with balance, rehabilitation after surgery, disabilities in newborns, pre-and post-natal care, fractures, and decreased level of functioning due to prolonged bed rest and disease. They utilize techniques such as therapeutic exercise, joint and soft tissue mobilization, gait training, patient education, and other methods to promote proper movement, maximize function, and reduce pain.

If you would like more information about the physical therapy profession, or the services that physical therapists provide, visit the Physical Therapy Clinic located on the third floor mountainside and pick up a free copy of *For Your Health* magazine, a publication provided in celebration of National Physical Therapy Month.



**Sgt. TaShauna Ruiz's daughter, Natalie, became Tripler's first umbilical cord blood donor July 2.**

## DONATION: Cord blood may save life

Continued from page 1

distributed with basic information on the blood bank and the collection procedure. If interested, the mother-to-be contacts the Hawaii Cord Blood Bank to see if she is eligible. If eligible, the HCBB gives the expectant mother a packet to bring with her to the hospital when she goes into labor. The cord blood is collected after the baby has been delivered.

Look said the HCBB is similar to a regular blood bank in that the donated cord blood can be used for anyone who matches it. In fact, all HCBB donations are processed and stored at the Puget Sound Blood Center in Seattle, which makes the donations available internationally as well as to anyone in the U.S.

For more information about umbilical cord blood donations, call the Hawaii Cord Blood Bank at 983-2265 or visit [www.HCBB.org](http://www.HCBB.org).

**Have a  
safe and  
happy  
Halloween!**





# Special waiting room makes appointments easier for parents

**Suzan Holl**  
TAMC Public Affairs Office

As a military spouse, I can't tell you how many times I've had to face medical appointments with two little ones in tow. Nothing will prepare a parent for a nap more than entertaining a healthy child who is bored, comforting a sick child, and listening to the doctor all at the same time! How many times have you said to yourself, "If only there was a place for the kids to wait," and now, at Tripler Army Medical Center, there is!

The Children's Waiting Room at Tripler, located near Pediatrics in the Well Baby Clinic waiting area on the fourth floor mountain-side, is operated by the Armed Services YMCA. The free service provides short-term care for children from six weeks to 12 years of age. The Children's Waiting Room is open Mondays, Tuesdays and Thursdays from 8 a.m. to noon.

Lise Peacock, director of the Armed Services YMCAAMR (Aliamanu Military Reservation) Branch, advises parents to make reservations. "Facility size limits us to a maximum of 10 children at one time. We don't like to turn people away, so it's best to call us at 833-1185 as soon as you have made an appointment to guarantee a place for your child."

First-time patrons are required to complete a simple registration form and present a copy of the child's current shot record. Children without shot records may not be admitted. A copy of the shot record will be kept on file. Parents should notify Waiting Room staff of any updates. On future visits, parents only just need to sign their child in and out.

Food and drinks are not permitted at the Children's Waiting Room so it is recommended children be given a snack before checking in. Infants will be given bottles brought by parents.



Suzan Holl

**Kyle Sturgis, 4, gets a little reassurance from his mother, Susan, as she signs him into the Children's Waiting Room at Tripler Army Medical Center.**

Caregivers may not administer medication. Children with a temperature of 100 degrees or higher, or other signs of illness, cannot be admitted. The maximum length of stay for a child is two and a half hours. Parents need to bring extra diapers or pull-ups for children who are not potty trained. A change of clothes is required for children being potty trained.

When leaving a child at the waiting room, parents receive a slip that must be signed by their Primary Care Manager once their appointment is completed. They must give the slip to a waiting room staff member when they return to sign their child out.

The Children's Waiting Room is staffed with volunteers. "We are receiving many calls from people who use the program and want to volunteer," Peacock said. "Volunteers are the heart of this program. Without their commitment and dedication, the program could not exist. We are always recruiting new volunteers to better staff and eventually expand the program."

According to Peacock, volunteer caregivers receive 15 hours of training and must pass a background security check. If you would like to volunteer for The Children's Waiting Room, make a reservation, or want more information, call Peacock at 833-1185.

## OB/GYN Clinic outlines same-day appointments

TAMC Public Affairs Office

Tripler Army Medical Center's Obstetrics & Gynecology Clinic staff has policy guidelines it is asking patients to follow that are outlined below, according to Maj. Deborah J. Crawford, the clinic's head nurse. The clinic staff's goal is to provide a safe environment for everyone.

- \* Care provided for patients with emergency conditions, as determined by the nursing/physician staff of the clinic, will be seen as a priority whenever identified.

- \* Active-duty patients in uniform will

be seen without appointments only during the first hour of clinic operation.

- \* All other patients needing to be seen for an acute or urgent problem will be seen on an appointment-only basis. Call 433-2778, ext. 413, 7:30 a.m. to 2:30 p.m., weekdays to schedule an appointment.

- \* Patients who arrive in the clinic needing to be seen for an acute or urgent problem without a scheduled appointment, will be given the next available appointment. This appointment may be several hours from the time of arrival in the clinic. Patients may return at the

scheduled time or may check-in early for that appointment; however, staff may not be able to see patients before the scheduled time.

- \* Children over 12 weeks of age and under 12 years of age are not allowed in the clinic during the hours of operation to ensure their safety and well-being. Patients are asked to arrange child care for their appointments.

The Children's Waiting Room is a new free service at Tripler that patients may use if they have a medical appointment with no one to care for their child. See related story above for more information.

## Welcome Baby Program earns Raytheon Achievement Award

**Suzan Holl**

TAMC Public Affairs Office

The 2001 Raytheon Program Achievement Award for the best Armed Services YMCA Family Program in the U.S. was awarded to the Honolulu Branch Welcome Baby Program. The Welcome Baby Program, in partnership with Tripler Army Medical Center's Joint New Parent Support Program, provides education, information and support to help reduce the stress felt by first time parents and provide families with the skills needed for a happy and healthy child rearing experience.

Selby "Jake" Jacobs, Honolulu executive director for the Armed Services YMCA, started the program in 1998 after a need assessment survey indicated military commanders wanted more support programs that would reach military families at home. "Research shows that the most successful programs are those that directly reach out to individuals or families," Jacobs said.

Home Visitors, who are employees of the YMCA, receive training by Tripler Community Health Nurses in nutrition, pregnancy, infant care, parenting skills, and in dealing with the challenges of deployment. "Personality and experience play a big part in this job," Jacobs said, "but education is also a factor." Jacobs said that many of the Home Visitors are familiar with the military lifestyle and all but one has been a military spouse.

Welcome Baby Home Visitors begin meeting with the clients during the second or third month of pregnancy and fol-

low clients until baby is six months old. They assess family support needs and provide assistance in meeting those needs. The average age of a Welcome Baby client is 22 years old. She is often away from her family support network at home and facing the challenges of military life. Home Visitors frequently become important lifelines for expectant and new moms.

JoEllen Cerny, program manager for Tripler's Joint New Parent Support Program, added that Home Visitors make themselves available to clients whenever possible. "They will go to the clinic, ward, work, home, where ever is convenient for the new mother," Cerny said.

Tripler's Obstetrics & Gynecology Clinic screens an average of 3,700 expectant mothers per year. Those who are identified as first-time or single mothers are referred to the Welcome Baby Program. Although the focus of the program is to introduce first-time and single mother's to parenthood, Cerny said the program services all military families in the State of Hawaii who are expecting or have delivered a new baby. Participation in the program is completely voluntary. However, of those new mothers currently enrolled in the program, more than 85 percent indicate increased child care skills and nearly 70 percent report their stresses about the birthing process and child rearing is reduced.

New mother's who were not referred to the program but feel they may benefit from its services should call 433-4864 for more information.

## Tripler surgeon selected for fellows program

TAMC Public Affairs Office

"It's an honor to be the only Army officer selected," said Lt. Col. (Dr.) Thomas Crabtree, one of Tripler Army Medical Center's Plastic and Reconstructive surgeons. "I want to represent the Army and the 100,000 other military residents of the state of Hawaii.



**Crabtree**

"Military representation is important," Crabtree said. "We're a 10th of the population here and I applaud The Pacific Century Fellows Program for including the military in the program."

Twenty men and women were selected to participate in the Pacific Century Fellows Program in August 2001 designed to identify, encourage and help develop future island leaders and Crabtree is the only Army officer.

Modeled after the White House Fellows Program, fellows were chosen on the basis of a written application and personal interview conducted by a selected panel of judges. The objective was to select individuals who have shown the intellectual and leadership abilities in the early and mid-stages of their careers necessary to succeed and who have the potential to contribute to the community in the future.

The program will provide participants with direct contact with senior community, social and government leaders. The goal of the program is to nurture relationships among individuals who are committed to exploring creative and constructive solutions to far-reaching challenges facing the state.

This is the fifth class of fellows to participate in this unique executive leadership training program, said Mufi Hannemann, former Honolulu City Council chair and chairman of the Board of the Fund for the Pacific Century.

### THE WINNER'S CIRCLE

#### **Sgt. 1st Class selectee**

Staff Sgt. Jose Cevallos

#### **Promotions**

Col. Debra Spittler

Maj. Bradley Kamrowski-Poppen

Maj. Daryl Magoulick

Maj. Bradley Robinson

Maj. Laura Thomas

Lt. Col. James Walsh

Sgt. 1st Class Karon Floyd

#### **Awards**

Lt. Col. Guy Runkle, Meritorious Service Medal

Maj. Scott Schuler, MSM

Capt. Bradley Kamrowski-Poppen, MSM

Staff Sgt. John Deal, MSM

Maj. Vivian Hutson, achievement certificate

#### **Commander's Awards**

Terri L. Cloud

May Latham

# Clinic starts up employee recognition program

Program recognizes individual achievements, allows staff to nominate peers

**Maj. (Dr.) Nicholas A. Piantanida**

Schofield Barracks Health Clinics Family Practice Clinic

What bonds one employee to daily patient care challenges can often ignite the group to a better appreciation for the work and meaning of their clinical practice. Regardless of the source of productive thought or effort, if it goes unrecognized then the lasting translation and possible replication across all team members is lost. For these reasons, the Schofield Barracks Family Practice Clinic (SB FPC) is starting its own "Outstanding Employee of the Quarter" Program. This announcement describes the SB FPC program and its first recipient.

Similar to most programs of its type, the SB FPC "Outstanding Employee of the Quarter" Program recognizes outstanding employee achievement as defined by specific criteria. The program takes the process a step further by directly enabling the employees to nominate their peers and describe how they best demonstrate or perform according to the criteria.

The award criteria include employee characteristics as they relate to: competence, initiative and judgement, creativity, flexibility, confidence, loyalty, team player and lastly, effective communicator. The evaluation form scores each of these eight characteristics from one (the best I have ever seen) to five (average). Specific comments are essential to more objectively support the nomination.

From July to September, the nominee process galvanized two certain truths that employees found valuable in their co-worker providers, nurses, nursing assistants, medics and medical clerks. First, award nominees demonstrated a driving and nearly contagious enthusiasm for the job at hand. These individuals are "beams of sunshine" that illuminate everyone's day. Second, award nominees demonstrated a consistent and conscientious "con-



Maj. (Dr.) Nicholas A. Piantanida

**Yong Workman, the Schofield Barracks Family Practice Clinic's Outstanding Employee of the Quarter, takes Alexys N. Wood's temperature.**

nection" with the patient population as demonstrated more directly in words and human expressions.

The SB FPC is recognizing Yong Workman as the "Outstanding Employee of the Quarter" for the period ending Sept. 30. Col. (Dr.) David F. Crudo, commander of the Schofield Barracks Health Clinics, presented Workman with the achievement certificate and the Clinic Coin Sept. 28. Workman is a Certified Nursing Assistant who has worked in the SB FPC for just over four months. She has exceeded all standards of nursing assistant care. Her work ethic serves as a realistic reminder to her peers that genuine commitment to the collective tasks at hand should be, can be, and will be recognized. She was selected from a nominee pool of 13 individuals of various clinical responsibilities. In true form, her pride in the sense of this accomplishment yielded most visibly to her sincere "thank-you" to her fellow team members.

## TAMC chief nurse participates in fellows program

TAMC Public Affairs Office

Tripler Army Medical Center's Col. Stephanie Marshall, deputy commander for Nursing, recently graduated from the Johnson & Johnson -Wharton Fellows Program in Management for Nurse Executives. She was one of 34 nurse executives selected to participate in the three-week management education program at the Wharton School of the University of Pennsylvania.

Participating nurses are competitively selected to study strategic, financial, managerial, and leadership approaches to organizational development at the school. During the program's Executive Forum,



**Marshall**

nurse executives collaborate with their chief executive officers to analyze the role of nursing in hospital management, plan program strategies, and introduce new perspectives. Maj. Gen. Nancy R. Adams, commander of Tripler Army Medical Center, attended the Executive Forum with Marshall. Adams is the first Army nurse and woman to command an Army medical center.

"Nursing leadership is critical to keeping healthcare policy focused on the

patient, by putting patient care needs first – above considerations of managed care, cost containment, efficiency, and effectiveness," Marshall said. "If we lose sight of what the patient needs, we lose our whole purpose of being."

For 19 years, the Johnson & Johnson -Wharton Fellows Program has provided senior nurses executives with essential business and management knowledge for healthcare industry leadership in the 21st century. The program recognized the importance of nurse executives in shaping strategic planning decisions within their own healthcare institutions, as well as health policy decisions that are made regionally, nationally and globally.



## NEWS BRIEFS

### Tripler to X-ray Halloween treats

— Tripler's Department of Radiology will X-ray Halloween candy Oct. 31 from 8 to 10 p.m. and Nov. 1 from 8 to 10 a.m.

No appointment is necessary; parents and children may walk into the Department of Radiology between the designated hours on Oct. 31 and Nov. 1. Wrapped candy is preferred since it will be emptied out of trick-or-treat bags in order to be examined.

For more information, call 433-5313.

### TAMC to hold Pregnancy & Infant Loss Memorial Service —

Tripler will hold a Pregnancy & Infant Loss Memorial Service Oct. 20 at 7 p.m. in the hospital chapel on the 3rd floor, D wing.

The service is open to civilian and military families who have experienced a pregnancy and/or infant loss and will include candle lighting, special music and prayers. It will be a time to acknowledge the loss families experience when an infant dies.

For more information, call Capt. Megan Nichols at 433-2040 or Capt. Kristi Perkins at 433-5337.

**VEAP transfer deadline approaches** — Soldiers interested in converting from the VEAP Program to the Montgomery GIBill must make their decision to do so by Oct. 31.

Eligibility requirements include:

- \* Must have an existing VEAP account (zero balance is OK for this conversion).

- \* Must have served on continuous active duty from Oct. 9, 1996 through April 1, 2000.

- \* Must have made a \$2,700 payment (through either reduction in pay or lump-sum payment) within 18 months of date of enrollment. Full \$2,700 must be paid before benefits are available under GI Bill.

For more information, call Jeff Reese or Naomi Yamashita at 433-6366 or visit the TAMC Education Center.

### Red Cross needs volunteers —

Interested in gaining new administrative job skills and experiencing job satisfaction? Tripler Army Medical Center is look-



Staff Sgt. Michelle J. Rowan

## FIRE PREVENTION WEEK

**Smokey the Bear and members of the Federal Fire Department and Tripler Safety Office were on-hand Oct. 11 to hand out fireman hats and coloring books to Tripler staff, patients and visitors as part of National Fire Prevention Week. Above, Smokey greets Domnic, David and Yurleidy Adams near the Oceanside entrance.**

ing for American Red Cross volunteers to assist in office work and support military healthcare beneficiaries. Full or part-time applicants are welcome.

Tripler's Red Cross Station may be reached at 433-6631. Office hours are 9 a.m. to 1 p.m. weekdays, and the office is located in Room 1B109, first floor oceanside across from the Dining Facility.

### Separating soldiers should file disability claims early —

Servicemembers who incurred an injury, sickness or disease as a result of military service must file a disability claim between 60 to 120 days prior to their separation date to expedite delivery of benefits.

For more information, call (800) 827-1000 or 433-1000.